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CONFIRMATION NO. 2875

SERIAL NUMBER 10/008,125	FILING DATE 11/05/2001 RULE	CLASS 345	GROUP ART UNIT 2173	ATTORNEY DOCKET NO. 2000P09139 US01
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/248,086 11/13/2000

Yes KU

** FOREIGN APPLICATIONS *****

None KU

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/02/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Kieu Vu KU Examiner's Signature Initials	MA	14	20	4

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TITLE

System and method for navigating patient medical information

FILING FEE RECEIVED 954	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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